



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



Eligibility Operations Memo 05-10  
August 1, 2005

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Integration of Traditional Population to MA21 System**

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### Introduction

MassHealth Operations uses two computer systems within the ITD Gateway System to determine eligibility for MassHealth applicants and members. MA21 is used for the Health Care Reform (HCR) population and PACES is used for the Traditional population.

MassHealth Operations intends to make MA21 the only eligibility system for all MassHealth programs. All of the MassHealth populations will be integrated into MA21 in separate phases, with the first phase beginning on July 18, 2005.

In the first phase, MA21 will determine MassHealth eligibility for most of the Traditional population. This will **not** include the long-term-care population. The integration of the long-term-care population will occur next year. PACES will continue to determine eligibility for the long-term-care population.

After July 18, 2005, Traditional applications that are not for long-term-care will be entered into MA21. Active members currently in PACES will be converted to MA21 at their annual review.

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### Affected Population

The Traditional population affected in the integration includes:

- community residents aged 65 and older;
- the Kaileigh Mulligan program;
- the Program of All-Inclusive Care for Elderly (PACE);
- the Senior Care Options (SCO) program;
- Home- and Community-Based Services Waiver applicants; and
- former SSI recipients who qualify for MassHealth under the Pickle Amendment, or as Disabled Adult Children (DAC) or Disabled Widows (DAW).

PACES currently recognizes these individuals as Category 5 with Action Reason (AR) 2, 4, 6, 8, 9, 12, 13, 15, 18, or 19.

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**Systems Impact**

The decision logic that drives MA21 eligibility determinations has been modified to include Traditional rules and regulations. As a result, there are new event screens, benefit types, and categories. The new events have a small impact on the data entry for HCR cases. Social Security income will now be verified automatically in MA21 using the State Verification Eligibility System (SVES).

**MA21 Events**

The table below explains each new MA21 event.

<b>Event</b>	<b>Purpose</b>
<b>ATT</b> - Assets	Used to enter assets.
<b>LOC</b> - Level of Care	Used to enter information from an outside agency referral where waiver rules apply, such as the Department of Mental Retardation, Executive Office of Elder Affairs, and Massachusetts Rehab Commission.
<b>PCA</b> - Personal Care Attendant	Used to enter potential eligibility for personal care attendant services.
<b>REF</b> - Referred Eligibility	Used to refer eligibility to an outside agency, such as the Refugee Resettlement Program, Title IV-E Adoption, and Title IV-E Foster Care.
<b>REN</b> - Rental	Used to enter rental income.
<b>RET</b> - Retroactive Eligibility	Used to enter a retroactive eligibility start date.
<b>SSI</b> - Supplemental Security Income	Used to enter previous SSI eligibility for Pickle, DAC, or DAW.
<b>REA</b> - Reapplication	Used to enter a reapplication date when verifications are received within 30 days of the initial denial for failure to provide verifications. This date is the new start date.

Existing events used for HCR will also be used to enter Traditional information. The Health Insurance (HIN) event has been modified to include Blue Cross and Blue Shield Medex health insurance programs. The Potential Disability (PDI) and Disability Data for Person (DDU) events have been modified to include Kaileigh Mulligan information. The Household Determination Result (RES) snapshot screens have also been modified with indicators for Traditional rules. The Protection (PRO) event can now accept a start date and an end date to set up a particular segment of eligibility in the past.

For HCR cases, the Rental (REN) event will be used to enter rental income instead of the Unearned Income (UIN) event.

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**MA21 Events**  
(cont.)

A new screen has been developed, for Traditional members only, to show income, assets, and deductible calculations. From the RES event, enter an X next to the person's name. Press Enter, and then press F6. The screen breaks down the deductible calculation. See the following example of the Income and Deductible Information screen.

DETND031	***** MassHealth *****	DETM033																
Jun 6,2005	Income & Deductible information																	
<table border="0"> <tr> <td>UNEARNED INCOME</td> <td>DEDUCTIBLE INFO:</td> </tr> <tr> <td>Unearned Income: 1800.00</td> <td>Monthly Gross Ded Amt : 1258.00</td> </tr> <tr> <td>UIN Disregard : 20.00</td> <td>Health Ins Premium Amt:</td> </tr> <tr> <td>Total UIN Amt: 1780</td> <td>Medicare Self Pay Amt :</td> </tr> <tr> <td></td> <td>Monthly Net Ded Amt : 1258.00</td> </tr> <tr> <td></td> <td>Total Deductible Amt : 7548</td> </tr> </table>			UNEARNED INCOME	DEDUCTIBLE INFO:	Unearned Income: 1800.00	Monthly Gross Ded Amt : 1258.00	UIN Disregard : 20.00	Health Ins Premium Amt:	Total UIN Amt: 1780	Medicare Self Pay Amt :		Monthly Net Ded Amt : 1258.00		Total Deductible Amt : 7548				
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<table border="0"> <tr> <td>EARNED INCOME</td> <td>DEDUCTIBLE PERIOD:</td> </tr> <tr> <td>EIN Amount:</td> <td>04/05 1258.00</td> </tr> <tr> <td>EIN Disregard:</td> <td>05/05 1258.00</td> </tr> <tr> <td>Count EIN Amount:</td> <td>06/05 1258.00</td> </tr> <tr> <td>Half Count EIN Amount:</td> <td>07/05 1258.00</td> </tr> <tr> <td>Total EIN Amount:</td> <td>08/05 1258.00</td> </tr> <tr> <td>Tot Count Income Amt: 1780.00</td> <td>09/05 1258.00</td> </tr> <tr> <td>MA Inc Std HH 1 : 522.00</td> <td></td> </tr> </table>			EARNED INCOME	DEDUCTIBLE PERIOD:	EIN Amount:	04/05 1258.00	EIN Disregard:	05/05 1258.00	Count EIN Amount:	06/05 1258.00	Half Count EIN Amount:	07/05 1258.00	Total EIN Amount:	08/05 1258.00	Tot Count Income Amt: 1780.00	09/05 1258.00	MA Inc Std HH 1 : 522.00	
EARNED INCOME	DEDUCTIBLE PERIOD:																	
EIN Amount:	04/05 1258.00																	
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Half Count EIN Amount:	07/05 1258.00																	
Total EIN Amount:	08/05 1258.00																	
Tot Count Income Amt: 1780.00	09/05 1258.00																	
MA Inc Std HH 1 : 522.00																		
Name JONES,LARRY SSN 023-20-1517 Sex M DOB 01/01/1925																		
Enter-PF1--PF2---PF3--PF4--PF5--PF6--PF7--PF8--PF9--PF10--PF11--PF12--																		
help retrn quit left right main																		

From here, press F11 to view the Asset Information screen. See the following example of this screen.

DETND031	***** MassHealth *****	DETM034																				
Jun 6,2005	Asset information																					
<table border="0"> <tr> <td colspan="2">ASSET INFORMATION:</td> </tr> <tr> <td>Life Insurance</td> <td>:</td> </tr> <tr> <td>PNA Account</td> <td>: 1000</td> </tr> <tr> <td>Auto Value</td> <td>:</td> </tr> <tr> <td>Bank Account</td> <td>: 25</td> </tr> <tr> <td>Real Estate Value</td> <td>:</td> </tr> <tr> <td>Other</td> <td>: 3000</td> </tr> <tr> <td>Total Asset Amount</td> <td>: 4025</td> </tr> <tr> <td>MA Asset Limit HH 1</td> <td>: 2000</td> </tr> <tr> <td>Excess Asset Amount</td> <td>: 2025</td> </tr> </table>			ASSET INFORMATION:		Life Insurance	:	PNA Account	: 1000	Auto Value	:	Bank Account	: 25	Real Estate Value	:	Other	: 3000	Total Asset Amount	: 4025	MA Asset Limit HH 1	: 2000	Excess Asset Amount	: 2025
ASSET INFORMATION:																						
Life Insurance	:																					
PNA Account	: 1000																					
Auto Value	:																					
Bank Account	: 25																					
Real Estate Value	:																					
Other	: 3000																					
Total Asset Amount	: 4025																					
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help retrn quit left right main																						

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**Coverage Types  
And Categories**

Some of the Traditional coverage types already exist in MA21 for HCR and others are new, specifically for Traditional. See the table below that describes the coverage types.

<b>Coverage Type</b>	<b>MA21 Benefit Code</b>
Standard plus Qualified Medicare Beneficiary (QMB)	SQ
Standard plus Special Low Income Medicare Beneficiary (SLMB)	SS
Standard (Qualifying Individual (QI) who met a deductible)	S1
Standard	ST
Limited plus Essential	LE
Limited	LI
QMB	QM
SLMB	SL
QI	Q1

Attachment A includes a description of all the Traditional benefit codes and their corresponding MMIS categories.

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**Closing a PACES  
Case When an  
MA21 Case Is  
Opened**

When a Traditional case is determined on MA21, MA21 will look at PACES to see if an active case is open for the same person. If there is, the PACES case will automatically close for AR 36. MA21 will send a notice to the person about his or her current eligibility status. Long-term-care cases will be excluded from this process.

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**Noticing**

MA21's noticing system has been updated with language that reflects the new Traditional benefit types. Much of the existing language in MA21's noticing system has been used for the Traditional notices whenever possible. New notices, for Traditional members only, include a calculation page to show how income and assets were counted in deciding the person's eligibility or deductible. Attachment B is a sample calculation page.

The Traditional verification request is called a VCT and is similar to the existing VC1 for HCR. The VCT for assets includes specific information about which assets need to be verified by listing the asset type, account number, institution name, value, and value date.

A VCT1 notice is sent to the household as the first verification request. If no verification is received after 30 days, a denial notice is sent to the household. A VCT2 notice is sent when some, but not all, verifications are received within 30 days of the initial denial. Attachment C is a sample VCT1, requesting income and assets.

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**Mixed Households** In situations where a mixed household (applicant is Traditional, spouse is HCR) is applying for MassHealth, the spouse would only be subject to Traditional rules when asked to verify information. The Traditional timeframe for verification request is 30 days, as opposed to 60 days for HCR. Therefore, MA21 will issue 30-day verification notices (a VCT to the Traditional applicant and a VC1 to the HCR spouse) to the mixed household for outstanding verifications.

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**HCR Members About to Turn Age 65** Eligibility Operations Memo 03-05, issued on March 1, 2003, describes the conversion process for HCR members about to turn age 65. The process will remain the same, except that members will remain on MA21, instead of converting to PACES.

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**SVES Functionality** MA21 already uses SVES to verify a person's social security information. This information includes:

- social security numbers;
- Social Security income;
- Medicare information; and
- disability status as determined by the Social Security Administration.

For this integration, there will be a new process to verify Social Security income. This affects HCR cases as well as Traditional. When Social Security income is entered into the UIN event, the amount will not be verified until the next day when MA21 has received the information from SVES. MA21 will not verify the amount the same day it was entered and a determination will be blocked, unless a supervisor, in special circumstances, overrides it.

A new SSV indicator in the UIN screen shows when the Social Security income is verified. See the following example of the UIN screen, with verified Social Security income. When SVES verifies the Social Security income, the Source and Claim No fields will be completed.

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## SVES Functionality (cont.)

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Enter changes
PERPD0 +-----Unearned Income-----+
Jun 7  | PERPD030                               Age: 80   PERMD030
      | Name: JONES, LARRY                     SSN: 023-20-1517
Name:  | -----
SSN.:  |
-----
      | Monthly
*Event | *Type  Amount  Source      Claim No  R  D  V  Entry Date
-----+-----
X      | SOCSEC 1800__ Sves Response 023201517A Y  _  Y  04 25 2005
- ----| ANN    500__
x JONE | PRVPEN 250__
      | _____
      | _____
      | _____
      | _____
      | _____
      | _____
      | _____
      | _____
      |
      | *Last Update: EHS123   06/06/2005 14:36
      +-----+
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12-
      help  retrn quit          confm                      skip                      main

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## Missing Critical Data (MCD) File

The Missing Critical Data (MCD) file is a subsystem of MA21 that stores incomplete applications. In the past, the Central Processing Unit (CPU) has used the MCD file to store incomplete Medical Benefit Request (MBR) applications.

The MassHealth Enrollment Centers (MECs) will also enter incomplete Senior Medical Benefit Request (SMBR) applications into the MCD file. An SMBR is incomplete when it is missing critical information that prevents it from being entered into MA21. Examples of critical information are name, address, date of birth, gender, and relationship to household.

If the applicant does not respond within 24 hours to a telephone call placed by a staff member at a MEC, the MCD file system generates and mails the first notice (MCD1) to the applicant and contact person, such as an eligibility representative, if applicable. The MCD1 asks for the missing information and states that the applicant has 14 days to provide the information to protect their eligibility start date, if eligible.

If there is no response within 14 days, a second and final notice, the MCD2, is mailed to the applicant with the incomplete SMBR, asking the applicant to return the filled-out application. A copy of the MCD2 is sent to the contact person, if applicable. If the applicant is eligible for MassHealth, a new start date will be established based on the return date of the filled-out SMBR.

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**Virtual Gateway  
Release 2.0**

The integration also makes it possible for the community Traditional population to be included in Release 2.0 of the Virtual Gateway, in the summer of 2005. By using Virtual Gateway's Common Intake Data Collection Tool, MassHealth providers with access to the Virtual Gateway will be able to offer the community Traditional population the same services it offers for the HCR population.

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**Business Impact**

The integration will have a significant impact in day-to-day activities in the field.

**Improved Customer Service**

Field staff will have access to more detailed information because MA21 captures more data about a person's case than PACES. MA21's Query screens allow the field staff to navigate through all the events, providing a greater level of detail to answer a customer's inquiries about his or her case. MA21's Determination screens provide a detailed history of eligibility determinations and display all the factors used in those determinations.

**Profiling and Annual Reviews**

Profiling is the term given to the MA21 program that selects households for ongoing eligibility reviews. MA21 stores the original application date and establishes the annual review date a year later. If the case is active, MA21 creates a profile period of 30 days and a MassHealth Eligibility Review (MER) form is sent to the household. If the completed MER is not received by the MEC within 30 days, the case closes with AR 41.

The FoxPro software program will no longer be used for Traditional cases that have been integrated from PACES into MA21.

**Eligibility Automation**

The results of PACES determinations are not available until the following day. When the worker determines eligibility on a case in MA21, most results are immediate, following SVES verification, if appropriate. A trial determination shows the outcome. The worker has the option to do a final determination immediately, or schedule it for later in the evening, when MA21 does a batch run for all scheduled determinations. The result is sent to MMIS overnight in both instances.

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**Publications  
Impact**

The Senior Medical Benefit Request (SMBR) form will be the new Traditional application. Long-term-care applicants will also use the SMBR. See Eligibility Operations Memo 05-08, issued July 1, 2005, for more information about the new application.

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**Traditional  
Application  
Intake Process**

The MECs will continue to accept Traditional applications from applicants in their geographical area. The new Community Integration Team in each MEC will screen the SMBRs. Long-term-care applications will be forwarded to the long-term-care intake staff. The Community Integration Team will process all other SMBRs.

Traditional applications from the Virtual Gateway will be printed at each MEC and will follow the same process. The Virtual Gateway will not accept applications for long-term-care. Future enhancements to the Virtual Gateway will include long-term-care applications.

MECs that handle special programs now will continue to do so after integration. PACE, Department of Mental Retardation (DMR), and Kaileigh Mulligan populations will continue to be the responsibility of the Tewksbury MEC. SCO eligibility will continue to be the responsibility of the Taunton MEC. Title IV Foster Care, Title IV-E Adoption, and Refugee Resettlement cases will continue to be the responsibility of the Revere MEC.

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**Attachments**

The attachments to this memo include:

- a list of the new MA21 benefits and the corresponding MMIS categories;
  - a calculation page from a notice; and
  - a sample VCT1 requesting verification of income and assets.
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**Questions**

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.

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## Traditional Benefit Codes and Corresponding MMIS Categories

<b>Benefit Code</b>	<b>MMIS Category</b>	<b>Coverage</b>	<b>Description</b>
SQ	20	Standard plus QMB	citizen, income less than or equal to 100% FPL, not disabled, has Medicare
SQ	21	Standard plus QMB	citizen, income less than or equal to 100% FPL, disabled, has Medicare
SQ	TN	Standard plus QMB	citizen, Pickle, not disabled, has Medicare
SQ	TQ	Standard plus QMB	citizen, Disabled Adult Child (DAC), has Medicare
SQ	UJ	Standard plus QMB	citizen, Kaileigh, income less than or equal to \$60/mo., has Medicare
SQ	UU	Standard plus QMB	citizen, Kaileigh, income greater than \$60/mo. and less than or equal to 100% FPL, met deductible, has Medicare
SQ	US	Standard plus QMB	citizen, Pickle, disabled, has Medicare
SS	TG	Standard plus SLMB	citizen, income greater than 100% and less than 120% FPL, met deductible, not disabled, has Medicare
SS	TH	Standard plus SLMB	citizen, income greater than 100% and less than 120% FPL, met deductible, disabled, has Medicare
SS	TX	Standard plus SLMB	citizen, Hermanson, income greater than 100% and less than 120% FPL, has Medicare
SS	UM	Standard plus SLMB	citizen, Kaileigh, income greater than 100% and less than 120% FPL, met deductible, has Medicare
S1	TJ	Standard (Qualifying Individual who met the deductible)	citizen, income equal to or greater than 120% and less than 135% FPL, met deductible, not disabled, has Medicare
S1	TK	Standard (Qualifying Individual who met the deductible)	citizen, income equal to or greater than 120% and less than 135% FPL, met deductible, disabled, has Medicare
S1	TY	Standard (Hermanson)	citizen, Hermanson, income equal to or greater than 120% and less than 135% FPL, has Medicare
S1	UD	Standard (Hermanson who met the deductible)	citizen, Hermanson, income less than 135% FPL, met deductible, has Medicare
S1	UN	Standard (Qualifying Individual who met the deductible)	citizen, Kaileigh, income equal to or greater than 120% and less than 135% FPL, met deductible, has Medicare
ST	TA	Standard	citizen, income less than or equal to 100% FPL, not disabled, no Medicare
ST	TB	Standard	citizen, income less than or equal to 100% FPL, disabled, no Medicare
ST	TE	Standard	citizen, income greater than 100% FPL, met deductible, not disabled, no Medicare
ST	TF	Standard	citizen, income greater than 100% FPL, met deductible, disabled, no Medicare

Benefit Code	MMIS Category	Coverage	Description
ST	TL	Standard	citizen, income greater than 135% FPL, met deductible, not disabled, has Medicare
ST	TM	Standard	citizen, income greater than 135% FPL, met deductible, disabled, has Medicare
ST	TP	Standard	citizen, Pickle, not disabled, no Medicare
ST	TR	Standard	citizen, Disabled Adult Child (DAC), no Medicare
ST	TS	Standard	citizen, Disabled Widow (DAW)
ST	UB	Standard	citizen, Hermanson, no Medicare
ST	UE	Standard	citizen, Hermanson, income greater than 135% FPL, met deductible, has Medicare
ST	UF	Standard	citizen, Hermanson, income less than 135% FPL, met deductible, no Medicare
ST	UK	Standard	citizen, Kaileigh, income less than or equal to \$60/mo., no Medicare
ST	UL	Standard	citizen, Kaileigh, income greater than \$60/mo. and less than or equal to 100% FPL, met deductible, no Medicare
ST	UP	Standard	citizen, Kaileigh, income greater than 135% FPL, met deductible, has Medicare
ST	UT	Standard	citizen, Pickle, disabled, no Medicare
LE	TT	Limited plus Essential	non-citizen, income less than or equal to 100% FPL or have a met deductible, not disabled, PRUCOL or met 5-year bar
LE	TV	Limited plus Essential	non-citizen, income less than or equal to 100% FPL or have a met deductible, disabled, PRUCOL or met 5-year bar
LI	68	Limited	non-citizen, income less than or equal to 100% FPL or have a met deductible, not disabled, undocumented status
LI	69	Limited	non-citizen, income less than or equal to 100% FPL or have a met deductible, disabled, undocumented status
QM	22	QMB	citizen, income less than or equal to 100% FPL, not disabled, has Medicare, assets between lower and upper limits
QM	23	QMB	citizen, income less than or equal to 100% FPL, disabled, has Medicare, assets between lower and upper limits
QM	UV	QMB	citizen, Kaileigh, income greater than \$60/mo. and less than or equal to 100% FPL, deductible not met, has Medicare, assets less than upper limit
QM	VC	QMB	citizen, Kaileigh, income greater than \$60/mo. and less than or equal to 100% FPL, met deductible, has Medicare, assets between lower and upper limits
SL	24	SLMB	citizen, income greater than 100% and less than 120% FPL, met deductible, not disabled, has Medicare, assets between lower and upper limits

Benefit Code	MMIS Category	Coverage	Description
SL	25	SLMB	citizen, income greater than 100% and less than 120% FPL, met deductible, disabled, has Medicare, assets between lower and upper limits
SL	UQ	SLMB	citizen, Kaileigh, income greater than 100% and less than 120% FPL, deductible not met, has Medicare
SL	VD	SLMB	citizen, Hermanson, income greater than 100% and less than 120% FPL, has Medicare, assets between lower and upper limits
SL	VE	SLMB	citizen, Kaileigh, income greater than 100% and less than 120% FPL, met deductible, has Medicare, assets between lower and upper limits
SL	VK	SLMB	citizen, income greater than 100% and less than 120% FPL, deductible not met, not disabled, has Medicare, assets less than upper limit
SL	VL	SLMB	citizen, income greater than 100% and less than 120% FPL, deductible not met, disabled, has Medicare, assets less than upper limit
Q1	TC	QI	citizen, income equal to or greater than 120% and less than 135% FPL, deductible not met, not disabled, has Medicare, assets less than upper limit
Q1	TD	QI	citizen, income equal to or greater than 120% and less than 135% FPL, deductible not met, disabled, has Medicare, assets less than upper limit
Q1	UH	QI	citizen, Hermanson, income less than 135% FPL, deductible not met, has Medicare
Q1	UR	QI	citizen, Kaileigh, income equal to or greater than 120% and less than 135% FPL, deductible not met, has Medicare
Q1	VF	QI	citizen, Hermanson, income equal to or greater than 120% and less than 135% FPL, has Medicare, assets between lower and upper limits
Q1	VG	QI	citizen, Kaileigh, income equal to or greater than 120% and less than 135% FPL, met deductible, has Medicare, assets between lower and upper limits
Q1	VH	QI	citizen, income equal to or greater than 120% and less than 135% FPL, met deductible, not disabled, has Medicare, assets between lower and upper limits
Q1	VJ	QI	citizen, income equal to or greater than 120% and less than 135% FPL, met deductible, disabled, has Medicare, assets between lower and upper limits

Traditional Asset Limits

	Lower	Upper
Family of 1	\$2,000	\$4,000
Family > 1	\$3,000	\$6,000

### How We Counted Your Assets

#### MA Countable Assets

Life Insurance:	800	
PNA Account:	0	
Auto Value:	0	
Bank Account:	300	
Real Estate Value:	0	
Other:	1,700	
Total Asset Amount:	2,800	2,800
MA Asset Limit For Household Size(1)		2,000
		-----
Excess Asset Amount		800

### How We Counted Your Income

#### Unearned Income:

Unearned Income		900	
UIN Disregard	- 20	- 20	
		-----	
		880	880

#### Earned Income:

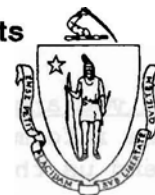
Earned Income Amount:		100	
Unearned Income Disregard:	- 0	- 0	
Earned Income Disregard:	- 65	- 65	
		-----	
Countable Earned Income Amount:		35	
Half Countable Earned Inc Amount:	- 17	- 17	
		-----	
Total Earned Income Amount:		17	17
		-----	
Total Countable Income Amount:			897
MA Income Standard For Household Size(1)			522
			-----
Monthly Gross Deductible Amount:			375
Health Insurance Premium Amount:			0
Medicare Self Pay Amount:			0
			-----
Monthly Net Deductible Amount:			375
			-----
Total Deductible Amount:			2,253

### Monthly Deductibles

Deductible Month (1) and Amount:	07/05	375
Deductible Month (2) and Amount:	08/05	375
Deductible Month (3) and Amount:	09/05	375
Deductible Month (4) and Amount:	10/05	375
Deductible Month (5) and Amount:	11/05	375
Deductible Month (6) and Amount:	12/05	375

REVERE OFFICE  
300 OCEAN AVENUE, SUITE 4000  
REVERE MA 02151-3675

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



Tel: (800) 322-1448  
Fax: (781) 485-3400

550/VCT1-HCR  
MARK SMITH  
2 ELM ST  
BOSTON MA 02111-0000

REQUEST FOR INFORMATION

Date: 07/08/2005

Notice: 1357377

SSN: 600-50-1111

Dear MARK SMITH

We have received your application or review form but need more information before we can make a decision about your eligibility for MassHealth. The information we need is listed below. The back of this notice gives a list of acceptable documents that you may send us to verify this information.

- Verification of Gross Income, also include the number of hours per pay period For Earned Income, for SMITH, MARK
- Verification of Assets for SMITH, MARK

Type: Bank Account  
Subtype: Savings Account  
Institution: HOME BANK AND TRUST  
Account: 789456321  
Balance/Value: \$1,250  
Bal/Val Date: 07-08-2005

Type: Life Insurance  
Subtype: Whole  
Institution: UNION LIFE INSURANCE CO.  
Account: 321654987  
Face Value: \$1,500  
Balance/Value: \$1,000  
Bal/Val Date: 07-08-2005

If you are applying for MassHealth: you must send us this information within 30 days of the date of this notice. If you do not send us all of the information we need within the 30 day timeframe, your MassHealth benefits may be denied.

If you are currently getting other MassHealth Benefits: you must send us all of the information we need within 30 days of the date of this notice. If you do not send us the information within the 30 days timeframe, your benefit will end.

If you already sent us some information and are being asked to provide the same information again, you may be receiving this request because either;

- you did not send us all of the documents we needed in order to verify your information; or
- the documents you did send us were not one of the acceptable documents listed on the back of this form.

If you believe you have already submitted all requested verifications or if you have any questions, call the number at the top of this notice.

See the following instructions about documents you may submit.

**Basic Information:**

**Immigration status:** Copy of both sides of all immigration cards or other documents that show your status.

**Health Insurance:** Copy of both sides of all health insurance card and a copy of your current premium bill.

**Asset Information:**

**Tax Returns:** a copy of your federal tax returns for the last two years for both you and your spouse, send a filled-out signed form 4506 to the revenue service and send a copy to your MassHealth worker.

**Bank Accounts:** must verify the amount on deposit by bank books or bank statements that show the bank balance within 45 days of the date of application or eligibility review.

**Life insurance:** a copy of the first page of all life-insurance policies, including life insurance policies set up for burial only. If total face value of all policies exceeds \$1,500, also send a letter from the insurance company showing the current cash-surrender value (for all policies except term policies).

**Trusts:** all trust documents and accounts that show all assets in the trust including current balance and all activity during the latest period. Also send proof of all income distributed, a schedule of trust assets, and a schedule of beneficiaries. If a realty trust send a copy of the deed(s).

**Burial Plan:** prepaid and dated irrevocable contract or irrevocable trust signed by both you and the funeral home director, or if unavailable an itemized statement from the funeral home director to prove existence of an irrevocable burial contract, or irrevocable trust, an irrevocable trust instrument, any burial insurance policy, or any statement signed by you designating a burial account or life insurance policy for burial purposes.

continued...

**Real Estate:** a copy of the deed(s) and current tax bill for all properties that you and/or your spouse have a legal interest in.

**Vehicles/Mobile homes:** titles or registrations to all vehicles and loan agreements; bill of sale for mobile homes.

**Stocks/Bonds/Other:** copy of certificates, current quote from stockbroker, daily paper, or investment firm to prove current value, copy of savings bonds, and financial statements showing activity during the last thirty six (36) months.

**Annuity:** contract showing owner's name, name of person getting income, company name, dates of purchase, purchase price, and amount of income received.

**Transferred Resources:** all documents that transfer assets or income, showing the date of transfer, value of the asset or income on date of transfer, and the name of person to whom transfer was made.

**Income Information:**

**General income:** proof of all income showing gross amounts and deductions, like two current pay stubs, federal tax returns, pension stub showing gross income amount, or other proof of income and business expenses for the past 12 months.

**Rental Income:** for all units, proof of rental income and expenses for the past 12 months, including taxes, mortgage statement, insurance, heat and water if provided, and repairs and maintenance.

**Reminder:** Gross income is your income from any source before deductions are taken out.

**Providing a Social Security number:**

If we have asked you for your social security number (SSN), and

- you know the number, you must report it to us; or
- you do not remember the number, you must obtain your already existing number from the social Security Office, and report it to us when issued; or
- you never had a number, you must apply for a number at the Social Security Office and inform us of the number when issued. We will continue to process your Medical Benefit Request (application) while you are waiting for your Social Security Number to be issued.

**Please note:** If you are an undocumented alien and are applying for MassHealth Limited only, you do not have to give us your Social Security Number.

If you do not have any of the requested documents or you do not understand what you need to provide, please call an eligibility worker at the MassHealth Enrollment Center listed on the first page of this form.

If you know your Social Security Number, please include it on all correspondence.